

Economy Scrutiny Committee

Minutes of the meeting held on 9 July 2014

Present:

Councillor Green – in the Chair

Councillors Davies, Ellison, Hackett, Hacking, Karney, Manco, Moore, Ollerhead, Raikes, Razaq, Shilton-Godwin, Simcock, Smitheman, Stogia and Wilson.

Councillor Smith, Executive Member for Housing and Regeneration

Councillor E Newman, Chair of the Health Scrutiny Committee

Professor Ian Jacobs, Vice President of the University of Manchester and Director of the Manchester Academic Health Science Centre

Peter Noble, Chief Operating Officer of the Manchester Academic Health Science Centre

Rowena Burns, Chief Executive of Manchester Science Park

Professor Paul Townsend, Associate Dean & Theme Lead for Personalised Therapy, University of Manchester

Aidan Halligan, Director of Well North, Public Health England

Raj Jain, Managing Director of the Greater Manchester Academic Health Science Network

Gary Leeming, Associate Director for Informatics, Greater Manchester Academic Health Science Network

Gillian Wallis, Manchester Academic Health Science Centre

Apologies

Councillors Keegan and Richards

ESC/14/23 Minutes

Decision

To approve the minutes of the meeting held on the 11 June 2014.

ESC/14/24 Economic Impact of Health, Research and Bio-Science

The Chair introduced the Committee and guests to the meeting and explained the format of the meeting. The Committee would first hear a general introduction to the economic impact of health, research and bio-science followed by introductions to three themes. Members would then attend one of three working groups exploring those themes in more detail. A member had been nominated chair of each of the working groups. The Committee welcomed Professor Ian Jacobs and Peter Noble of the Manchester Academic Health Science Centre (MAHSC), Rowena Burns of Manchester Science Park, Professor Paul Townsend of the University of Manchester, Aidan Halligan, of Well North and Raj Jain and Gary Leeming of the Greater Manchester Academic Health Science Network (AHSN)

Professor Ian Jacobs provided a brief overview of the Manchester Academic Health Science Centre (MAHSC), of which he was director, and its role in maximising the economic impact in Greater Manchester of scientific endeavour. He said that Manchester was well positioned to do this, but was not yet fulfilling its potential. MAHSC, one of six health science centres in the country, brought together the University of Manchester with six NHS providers in the city, linking together the scientific discovery of the university with the medical needs of the NHS providers and population. The Academic Health Science Network, one of 14 nationally, linked universities and NHS providers across Greater Manchester.

Mr Noble explained that MAHSC had a strategic plan which articulated its vision and identified its key strengths. He said the economic potential for medical science was demonstrated by New York, where 15% of its economy was based on medical science and Johns Hopkins University, Maryland, which had improved the alignment between its research and the local economy and demonstrated real economic impact including lower unemployment. He added that for every pound put into the NHS, £2.30 were generated in the economy. The Corridor was home to 55 thousand staff, 20% of the city's workforce.

Decision

To note the information provided in the presentations

ESC/14/25 Introduction to the Working Groups

The Committee were then provided with more detail on each of the three main themes.

Industrial Partnerships

Rowena Burns, Chief Executive of Manchester Science Park, explained that the north west has an impressive track record in life science company expansion, with a low failure rate and high growth rate for the sector. She said that while the north west was powerful in this area, it did not attract a share of investment that reflected this, which was heavily biased towards the south east of England. She said Manchester needed a strong health innovation brand, which would build on the successes and potential in the industry in Greater Manchester. Some recent successes included:

- DxS Ltd, a developer and manufacturer of companion diagnostic products which started in the university incubator, grew into the Manchester Science Park and was acquired by Qiagen in 2009 for £80million;
- Premaitha Health, the next venture for the DxS Ltd founder, was preparing to launch its first prenatal screening product, demonstrating the value of serial entrepreneurs;
- Euprotec, a contract research organisation which had been acquired by the Gernal drug discovery company Evotec in May 2014, which demonstrated Manchester's innovation abroad.

Well North

Aidan Halligan, Director of Well North, explained to the Committee that the health of people is directly linked to wealth. Life expectancy in Manchester is 14 years lower than in the south. The objective of Well North was to improve the health of the poorest, fastest. A key part of this was reducing worklessness, as this has huge health benefits. A third of people in deprived areas have three or more long term health conditions. Mr Halligan told the Committee that the NHS was only the ninth most influential factor affecting people's wellbeing, behind other factors such as wealth, networks, start in life and housing. Mr Halligan explained that the aim of Well North was to change behaviours in the population and demedicalise health to address the additional difficulties that people in deprived areas face.

Health Informatics – Opportunities for Growth

Raj Jain and Gary Leeming of the Greater Manchester Academic Health Science Network (AHSN) set the scene that Manchester has greater deprivation, worse health levels and lower life expectancy than the UK average. If health informatics were integrated across Greater Manchester, this would enable a drive towards a faster pace of reduction of inequality. This entailed sharing of health information between key health organisations across Greater Manchester. Mr Jain said that the aim of the AHSN was for Manchester to be one of three lead centres across the world in health informatics.

Decision

To adjourn the meeting.

During the adjournment the members formed three working groups, which were open to the public, to discuss the three themes in more detail. The minutes of these working groups are attached as appendices.

ESC/14/26 Feedback and Conclusions

The Chair of each of the working groups then summarised the discussion held in their working group and the recommendations they were suggesting that the Committee endorse.

Councillor Hackett summarised the conclusions and recommendations of Working Group A, which considered industrial partnerships:

1. To recognise that Manchester is a city of innovation, but does not always optimise this aspect of itself.
2. To welcome that the EuroScience Open Forum will be held in Manchester in 2016, which will be a powerful opportunity to sell Manchester as a city of innovation and improve networking.
3. To recognise the EuroScience Open Forum as a point of focus to work towards in progressing all of the discussions and goals developed at this meeting.
4. To acknowledge that the multitude of different organisations with different roles in the business and science communities in Manchester can be confusing for newcomers, and to recommend that this is simplified, for

example by the creation of a single point of contact with access to relevant information and signposting to the appropriate organisation.

5. To welcome that key players, including public and private partners, in the medical sciences industry have moved away from focusing on geographical boundaries towards working together for the advancement of the local medical economy.
6. To reinforce that the Council can play a key role as a broker without commercial interest, bringing together powerful organisations.
7. To recommend that Manchester would benefit from a simpler brand, to appeal on an international level.
8. To recommend that social media in terms of strengthening industrial partnerships is an area that needs developing.
9. To suggest that these improvements can be made without investing significant funds.

Councillor Karney summarised the conclusions and recommendations of Working Group B, which considered Well North:

1. To emphasise that the Well North project managers show an authentic knowledge of what people in deprived communities are experiencing on a day to day basis.
2. To recommend that what relevant bodies, including the NHS, the Council and universities have not achieved during the project is shared alongside what they have achieved.
3. To recommend that the Well North project managers acknowledge that residents in Manchester are struggling with inequalities in all areas, not just in health provision.
4. To note that the Well North pilot scheme will be hugely important for community health and will demonstrate how well agencies in Manchester achieve their aims.
5. To emphasise to the Well North project managers that current health models are not delivering what communities and local residents need.
6. To recommend that Manchester City Council work in collaboration with Well North to support the appropriate roll out of the pilot across the city, with and support ongoing evaluation of outcomes and delivery.

Councillor Simcock summarised the conclusions and recommendations of Working Group C, which considered Health Informatics:

1. To emphasise the importance of ensuring that Manchester's workforce has the skills needed to meet the future needs in this area.
2. To emphasise the importance of engaging with residents to promote their understanding of and encourage their consent to information-sharing.
3. To draw on the experience the City Council has of gathering data and consent to share data from its residents via its own call centre.
4. To encourage the involvement of SMEs (for example, in the development of smartphone apps)
5. To support investment in health informatics in Manchester
6. To emphasise the importance of ensuring that Manchester residents benefit from the financial rewards gained
7. To recommend that the Economy Scrutiny Committee consider establishing a subgroup to contribute to the promotion of health informatics.

Councillor Newman, Chair of the Health Scrutiny Committee noted that much of what was discussed in the meeting and working groups was relevant to Health Scrutiny Committee and said that it had been very interesting. He emphasised that employment was closely linked to good health, as was high quality social housing and other elements linked to wellbeing.

The Chair thanked the guests for attending the meeting and invited the Committee to consider what it wanted the next steps to be. The Committee agreed to add an item to the agenda for its next meeting to reflect on the discussions and conclusions and decide on the next steps at that meeting. The Committee also invited the guests to attend that meeting if they wished and provide their comments and feedback to that meeting.

Decision

To add an item to the agenda for the next meeting of the Committee to reflect on the discussions and conclusions and decide on the next steps. To invite the guests who attended this meeting to provide their comments and feedback to that meeting.

ESC/14/27 Overview Report

The Committee considered a report of the Governance and Scrutiny Support Unit which provided a summary of the key decisions due to be taken that are relevant to its remit, an update on actions taken as a result of recommendations and the current work programme. The report included the latest Real Time Economy Dashboard.

Decision

To agree the work programme.

Minutes from the Economy Scrutiny Committee: Working Group A

Minutes of the meeting on 9 July 2014

Present

Councillor Hackett – Chair

Councillors Ellison, Green, Manco, Moore, Ollerhead and Raikes

Rowena Burns, Chief Executive of Manchester Science Park

Professor Paul Townsend, Associate Dean & Theme Lead for Personalised Therapy, University of Manchester

ESC-A/14/01 Industrial Partnerships

Rowena Burns, Chief Executive of Manchester Science Park and Professor Paul Townsend of Manchester University, led the discussion on industrial partnerships, and how to develop a common narrative and brand for health innovation in Manchester to improve inward investment and growth. The key lines of enquiry circulated to the group were:

1. Strength of the current narrative and partnerships and how they need to be developed
2. Implications for spatial planning and development
3. Skills needed to support health innovation and implications for Manchester
4. Role of the Council in supporting innovation and growth

Professor Townsend explained that he had moved from Southampton University to Manchester to pursue greater business opportunities. He had been advised to relocate to Oxford or Cambridge instead, but considered there to be fewer business development opportunities there. AstraZeneca had recently relocated from Alderley Park in Cheshire to Cambridge, but he and Ms Burns agree that this loss was a good opportunity to attract new medical business to the city and noted that 80% of the AstraZeneca scientists would be staying in the area. Ms Burns said that for a long time, Greater Manchester did not consider AstraZeneca as local as Alderley Park was not in Greater Manchester. This was wrong, but was changing and geographical boundaries were increasingly unimportant. The focus was now on Alderley Park as a fantastic site with high quality facilities, local to Manchester. The group welcomed this, and noted that excellent transport links were vital to this.

The group discussed what Manchester could learn from other cities which had facilitated a successful medical science industry, such as Boston and Toronto. Ms Burns and Professor Townsend emphasised that networking events and bringing people together was key, as was ensuring that all key organisations in the city were involved, such as hospitals, banks, universities and local government. A clear, visible brand was also important. Manchester had many of the component parts, but lacked a clear brand, for example big partners in Manchester were not visible in the key area of the city, the Corridor.

The group felt that Manchester was a city of innovation, in science and technology and beyond. However, members thought that the city did not always make the most of this and promote itself as such. Members welcomed the news that the

EuroScience Open Forum would be held in Manchester in 2016 and saw this as an excellent opportunity to sell the city in this way and to maximise networking opportunities for the industry. Members compared this to the Commonwealth Games for the medical industry for the potential impact it could have on the medical industry. The group agreed that this was a key goal to focus towards and that it was important to have a plan in place for how to maximise the opportunity it presented. Members were also clear that there should be opportunities for wider participation, including schools and colleges.

Professor Townsend and Ms Burns drew focus to the confusing multitude of different organisations in the business and science community in Manchester and their different roles. They felt this needed to be simpler and there should be a single point of entry, both physically based on the Corridor and online. This should provide access to all necessary information people need and signpost them to the most appropriate organisations. Professor Townsend emphasised that informal meetings were key to developing networks and accessing opportunities.

The group discussed the role of the Council in supporting innovation and growth and asked if it could do more to achieve this. Ms Burns said the Council had a vital role as an honest broker, without commercial interest, and could bring together powerful organisations. Professor Townsend and Ms Burns agreed that the Council should continue to act as it already is, to facilitate opportunities and support organisations. They also emphasised that conversations such as this one should continue. The group also acknowledged that the Council's role should be led by the sector, rather than the other way round.

The group concluded that cities everywhere would be having conversations like this one, so it was important to consider what Manchester could do that was innovative and different. A member cautioned against narrowly focusing too much on the city's history of scientific discovery, because its future was what was in question. Members also noted Ms Burns point that the sector should improve its use of social media. The group concluded that the EuroScience Open Forum was a point of focus to work towards, but that what had been discussed today could be achieved without significant investment.

Decision

1. To recognise that Manchester is a city of innovation, but does not always optimise this aspect of itself.
2. To welcome that the EuroScience Open Forum will be held in Manchester in 2016, which will be a powerful opportunity to sell Manchester as a city of innovation and improve networking.
3. To recognise the EuroScience Open Forum as a point of focus to work towards in progressing all of the discussions and goals developed at this meeting.
4. To acknowledge that the multitude of different organisations with different roles in the business and science communities in Manchester can be

confusing for newcomers, and to recommend that this is simplified, for example by the creation of a single point of contact with access to relevant information and signposting to the appropriate organisation.

5. To welcome that key players, including public and private partners, in the medical sciences industry have moved away from focusing on geographical boundaries towards working together for the advancement of the local medical economy.
6. To reinforce that the Council can play a key role as a broker without commercial interest, bringing together powerful organisations.
7. To recommend that Manchester would benefit from a simpler brand, to appeal on an international level.
8. To recommend that social media in terms of strengthening industrial partnerships is an area that needs developing.
9. To suggest that these improvements can be made without investing significant funds.

Minutes from the Economy Scrutiny Committee: Working Group B

Minutes of the meeting on 9 July 2014

Present

Councillor Karney – Chair

Councillors Hackett, Hacking, E Newman, Shilton-Godwin, Smitheman, Stogia.

Councillor Smith, Executive Member for Housing and Regeneration

Aiden Halligan, Director of Well North, Public Health England.

ESC-B/14/02 Well North

The working group received a presentation on Well North, a major programme of work across the North of England to improve the health of the poorest, with the aim of improving health among the poorest and reducing premature mortality and worklessness.

Well North is a major programme of work to improve the health of the poorest, the fastest across the north of England with the aim of reducing premature mortality and worklessness. One of the four proposed pilot sites is in Manchester. The group considered the following key lines of enquiry:

1. What would a radically different approach look like and which would be the key partners and services to deliver the step change needed?
2. How do we develop the capacity and leadership in local communities to drive the improvements?
3. What outcomes can be delivered?
4. How the health and welfare to work systems can work with greater synergy to deliver better health and employment?

The workshop discussed the following matters:

- Homelessness is a significant problem when trying to improve health outcomes and reduce premature deaths for all sections of the community. Health providers spend 8 times more on the health of each homeless individual than they do on the health of an individual with a permanent home.
- Members welcomed that those involved in the Well North project were displaying an authentic understanding and knowledge of the problems that populations were experiencing on a day to day basis.
- Better communication between professionals and their customers was vital in improving outcomes for all sections of the community.
- Mental health provision needed to be considered as important as physical health provision. The provision of support to people with mental health problems also needed to be sympathetic and age appropriate for both the patient and the professional.

- Members noted that the issues that were being raised as part of Well North were embedded within many of the communities of Greater Manchester, and had been for some years.
- Employment opportunities were important in improving outcomes for all members of the city's communities, but especially for those who were most vulnerable. The group discussed decisions about protected employment for those who are most vulnerable made by central government as well as some local authorities in Greater Manchester, had not consistently delivered the best outcomes for those vulnerable residents.

Decision

1. To emphasise that the Well North project managers show an authentic knowledge of what people in deprived communities are experiencing on a day to day basis.
2. To recommend that what relevant bodies, including the NHS, the Council and universities have not achieved during the project is shared alongside what they have achieved.
3. To recommend that the Well North project managers acknowledge that residents in Manchester are struggling with inequalities in all areas, not just in health provision.
4. To note that the Well North pilot scheme will be hugely important for community health and will demonstrate how well agencies in Manchester achieve their aims.
5. To emphasise to the Well North project managers that current health models are not delivering what communities and local residents need.
6. To recommend that Manchester City Council work in collaboration with Well North to support the appropriate roll out of the pilot across the city, with and support ongoing evaluation of outcomes and delivery.

Minutes from the Economy Scrutiny Committee: Working Group C

Minutes of the meeting on 9 July 2014

Present

Councillor Simcock – Chair
Councillors Davies, Razaq and Wilson

Peter Noble, Chief Operating Officer of the Manchester Academic Health Science Centre

Raj Jain, Managing Director of the Greater Manchester Academic Health Science Network

Gary Leeming, Associate Director for Informatics, Greater Manchester Academic Health Science Network

Gillian Wallis, Manchester Academic Health Science Centre

ESC-C/14/02 Health Informatics

The working group received a presentation on Health Informatics, the development of an integrated approach for information across health and social care across Greater Manchester, to improve health outcomes and maximise economic impact. Mr Leeming explained that this primarily related to electronic medical records, social care data and public health data. Mr Jain reported that information could be used in a number of different ways. Individual information could be accessed by patients to enable them to manage their own well-being and health and social care workers could use this data to make decisions about a patient's treatment and care. In addition, health data could be used by commissioners and public health and by companies involved in medical research. He informed members of ongoing work to improve end of life care through information-sharing which would improve the experience of terminally ill patients and benefit health and social care services.

The group considered the following key lines of enquiry:

1. From investment in informatics how do we demonstrate a financial return?
2. How do we create the right behavioural change and incentives for health professionals to share information and what would success look like?
3. What skills do we need to invest in to support the growth of health informatics?
4. Role of the City Council

Members discussed whether all sections of the community, including poorer communities and older people, had access to IT. Mr Leeming confirmed that many people did have access to computers or smartphones and that over the next 10 to 20 years the disparity would lessen. He reported that there would still be some pockets of people who did not use IT but that some of these people would have carers who should in future be able to access linked data relating to the person they were caring for. Mr Jain informed members that some GPs were 'prescribing' IT courses to patients in order to improve their wellbeing and that ideas such as this could be rolled out, using peer pressure to persuade other GPs to adopt this.

Mr Leeming reported that his organisation was working to facilitate the involvement of small to medium enterprises (SMEs) as they sometimes encountered difficulties in

getting their ideas and initiatives adopted by the NHS because, for example, they did not know the appropriate person to contact.

Mr Leeming informed members that his organisation was looking at individual components of information-sharing rather than adopting an overarching approach but that they were aiming to develop a total system within the next two to three years. Members discussed the funding needed for the projects and whether it was more difficult to get funding in the north. Mr Jain acknowledged that this was the case but informed members that their ambition was to be one of the world's top three cities for health informatics and that they were confident they knew how to achieve this. Mr Jain reported that the Chief Executive of Manchester City Council provided support in lobbying for funding.

The group discussed the skills that would be needed for the future workforce. Ms Wallis reported that it was important to identify the skills that would be needed in order to maximise the benefits of this information at every level. She advised members that this included training for data-inputters, medical practitioners and hospital managers, who needed to understand the importance and purpose of the data so that the data recorded was usable. She reported that they would also require people with the right skills to use the information for research purposes and people to teach these skills. She informed members that, if the skill needs could be addressed, Manchester had the potential to be the top centre in the world in health informatics. Mr Jain advised members that the key risks in achieving their goals were securing funding and having a workforce in place with the right skills. A member asked whether this required a medically trained workforce. Mr Jain reported that there was a worldwide shortage of informaticians.

The group discussed citizens' engagement with data-sharing. Mr Leeming reported that some information-sharing only required that the patient be informed but that sharing with external companies for research purposes required the patient's consent. He informed members that they were looking at establishing a 'Data Donor Card' similar to an organ donor card in order to facilitate a public discussion on the issue. He reported on the Salford Lung Study, for which a system was put in place to enable access to patients' records across Salford, including any contact they had with the NHS. Patients participating in the trial of a new inhaler consented to the use of their information as part of the trial. He reported that GlaxoSmithKline had invested £50 million in the trial and created 100 jobs and this was now being rolled out across Trafford. Mr Jain reported that Salford had been chosen because of the connectivity between information systems. He further advised that information sharing required physical systems but also agreed processes. The Head of Policy, Partnerships and Research noted that in the Salford trial patients were asked to consent to their information being shared for a specific reason and that people might be more likely to give their consent when it was clear what the benefits were. Mr Jain advised that they were adopting a more targeted approach, requesting consent to use patients' information for specific research.

Decisions

1. To emphasise the importance of ensuring that Manchester's workforce has the skills needed to meet the future needs in this area.

2. To emphasise the importance of engaging with residents to promote their understanding of and encourage their consent to information-sharing.
3. To draw on the experience the City Council has of gathering data and consent to share data from its residents via its own call centre.
4. To encourage the involvement of SMEs (for example, in the development of smartphone apps)
5. To support investment in health informatics in Manchester
6. To emphasise the importance of ensuring that Manchester residents benefit from the financial rewards gained
7. To recommend that the Economy Scrutiny Committee consider establishing a subgroup to contribute to the promotion of health informatics.